Record of medicine administered to an individual child

Name of school/setting	**Wood End School**
Name of child	
Year group / Class	
Date medicine provided by parents	
Quantity of received	
Expiry Date	
Name and strength of medicine	
Dose and frequency required	
Administer from (start date)	
Administer until (end date)	
Condition / illness	
Store in fridge?	**Yes / No (please delete as required)**

Name of parent / carer _____

Signature of parent / carer _____

Name of staff member _____

Signature of staff member _____

Date			
Time given			
Dose given			
Name of staff member			

Date			
Time given			
Dose given			
Name of staff member			

Record of medicine administered to an individual child (continued)

Date			
Time given			
Dose given			
Name of staff member			

Date			
Time given			
Dose given			
Name of staff member			

Date			
Time given			
Dose given			
Name of staff member			

Date			
Time given			
Dose given			
Name of staff member			